



CITY OF REDMOND

Permit Center

15670 NE 85th Street
Redmond, WA 98052
(425) 556-2473
www.redmond.gov

FOR STAFF USE ONLY

Development #: _____ Date: _____
Project #: _____ App Expires: _____
Permit: _____ Accepted by: _____
Type: _____ Payment method: _____

Demolition Permit Application

Application and plans must be complete in order to be accepted for plan review.

Project Name/Tenant:		Value of Demolition:
Site Address:	City State/Zip:	Tax Parcel Number:
General Location:		Bldg, Unit, Suite Designation:
Contact Person:		Phone:
Mailing Address:	City State/Zip:	Fax #:
Firm or Company Name:		E-Mail Address:
Contractor:		Phone:
Mailing Address:	City State/Zip:	Fax #:
State Contractor's License #:	Expiration Date:	City of Redmond Business License #:
Property Owner:		Phone:
Mailing Address:	City State/Zip:	Fax #:
Existing use:		
Tree Removal Proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Building Contains Asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Puget Sound Clean Air Agency Code # _____		
Date of Demolition: _____	Building Square Feet: _____	Number of stories: _____

Street Clean Up Bond to be on File with Public Works

Building Owner or Authorized Agent:

Signature: _____ Print Name: _____ Date: _____

Copies to: Public Works Utilities, Utility Billing, Fire Prevention, King County Assessor, owner, file

Please visit our web site at: <http://www.redmond.gov/insidecityhall/planning/planning.asp>

DEMOLITION CHECK LIST

	<u>Water Supply</u>	DATE
YES/NO	A. Meter to be removed. (Contact Public Works, Utilities 425-556-2840)	_____
YES/NO	B. Meter to remain and be protected.	_____
YES/NO	C. Private well (Contact King County Health Dept. 206-296-4932)	_____
	_____ to be filled and capped.	_____
	_____ to be used for other purposes	_____
	<u>Sanitary Sewer</u>	
YES/NO	A. Sewer to be capped (call 425-556-2723, Public Works Construction)	_____
YES/NO	B. Existing line to remain & be used by new structure.	_____
	Note: Contact Public Works Utilities for other required permits (425-556-2723)	
	<u>Septic System</u>	
YES/NO	A. Tank to be removed Call K.C. Health Dept. 206-296-4932	_____
YES/NO	B. Tank to be drained and filled Call K.C. Health Dept. 206-296-4932	_____
	<u>Electrical Supply</u>	
YES/NO	Electricity to be shut-off and meter removed. Call PSE 425-885-7599	_____
	<u>Gas</u>	
YES/NO	Gas to be shut-off and meter removed. Call PSE 425-447-0700	_____
	<u>Existing Foundation</u>	
YES/NO	A. Foundations destroyed and removed	_____
YES/NO	B. Basement - Destroyed or filled	_____
YES/NO	C. All debris removed from site – lot to be restored to original condition.	_____

REQUIRED SUBMITTALS

1. Anticipated demolition date _____
2. Two copy's site plan (Public Works Construction w/lines as built) _____

Asbestos Abatement: Obtain approval form Puget Sound Clean Air Agency prior to proceeding with demolition.
If structure to be demolished is over 4000 sq. ft. - SEPA checklist is required.
Construction debris to be taken to an approved facility (King County information handout available at Permit Center)
Abandonment of Septic Tank for residential requires the following conditions to be met:
Pump tank/ Fill with Sand/ Dismantle/destroy cap/
Letter or receipt to verify above conditions have been met by pumping services.
Identify current sewer/water billing account number.
Hauling requirements must be met if over 50 cubic yards of material are to be taken to or from site.
Fire Protection System Demo (issued through Fire Department).